SOUTH DAKOTA
COUNSELING

CONSENT FOR INFORMATION DISCLOSURE

I, Suzy Client, hereby authorized the exchange of information between the South Dakota Couneling and the XYZ Agency, and **re-disclosure** of that information by these two agencies to:

- ☒ South Dakota Division of Alcohol and Drug Abuse
- ☐ My spouse/Significant other
- ☒ Unified Court Systems of South Dakota
- ☐ Other
- ☒ South Dakota Department of Human Services
- ☒ South Dakota Department of Health
- ☒ Mountain Plains Research/Evaluation

the items listed below, including information from previous assessments, progress notes and discharge summaries from other agencies prior to entering the South Dakota Correctional Substance Abuse Program:

1. Treatment Recommendations
2. Evaluations and Discharge summaries
3. Chemical Use History
4. Current Status and Summary of Progress

The above information will be used for the following reason: to facilitate my entry into chemical dependency treatment or services in an appropriate and designated accredited alcohol and drug treatment provider and/or funding source necessary to facilitate my entry, to provide the above noted individuals with information reflecting the current status, progress, and continued treatment recommendations of the individual named above, to provide comprehensive treatment, coordinate all available information, determine the diagnosis, course of treatment, follow-up, or need for other services, and to ensure a full continuum of care.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole.

This consent will expire upon the release from the Department of Corrections, or there has been an effective termination or revocation of my release from confinement, probation, or parole.

_____ _____
Client Signature Date

_____ _____
Witness Date

The release of information about a client who is treated for alcohol or drug abuse is governed by the Confidentiality of Alcohol and Drug Abuse Patients Records Regulation 42 Code of Federal Regulations Part 2. A Correctional Institution that is a covered entity is not required to provide the patient notice of HIPAA requirements.